

Do not return this form if your child CAN participate in this survey.

If you do not wish your child to participate in this survey, please sign this form and return it to school by September 25, 2020.

I would prefer that my child NOT participate in the **School Climate Survey.**

School Name _____

Student Name _____ Student Grade _____

Parent Signature _____ Date _____

Thank you for your participation.



I would prefer that my child NOT participate in the **Student Wellness Survey.**

School Name _____

Student Name _____ Student Grade _____

Parent Signature _____ Date _____

Thank you for your participation.